

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILED DATE
APPLICANT(S) 097868748	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
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TAL	3			
TAL	34			
TAL	34			
TOTAL CLAIMS	34			

51				
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				